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by Artikel 2

Path Analysis of the Relationship between Religious Coping, Spiritual Well-being, and Family Resilience in Dealing with the COVID-19 Pandemic in Indonesia

Abstract

Introduction: Family resilience is strongly influenced by religious coping and spiritual/religious well-being (RW). In the context of the COVID-19 pandemic in Indonesia, this study intends to investigate the relationship between religious coping, spiritual well-being, and family resilience. **Methods:** A cross-sectional survey (n = 242) was conducted from December 2021 to January 2022 in Indonesia. The Spiritual Coping Strategies Scale-Chinese version, Spiritual Well-Being Scale, and Family Resilience Assessment Scale were used for data collection. Smart Partial Least Square (SmartPLS) software (version 3.2.7) was used to analyze the data. **Results:** Most respondents aged range from 46 to 55 years-old (30.9%). Also, most of them were having senior high school educational level (47.7%), earn <3 million rupiah (90.5%), and jobless (66.7%). Family resilience to COVID-19 has been influenced by the relationship between RW and existential well-being (EW) (81.2%) (β =0.901, t = 24,836, P = 0.001). Religious Non-coping (RNC)- Religious well-being(RW) is 0.124, which indicating that RNC affecting RW by 12.4%, and it also impacting on family resilience to COVID-19 (β = −0.310, t = 3.275, P = 0.001, f 0.085; minor). **Conclusion:** Religious coping, RW, and EW are all important factors influencing family resilience during the COVID-19 pandemic. Currently, the COVID-19 pandemic has ended. However, with the dynamic development of world health, an outbreak may occur in the future, so the findings of this research will be helpful in providing a warning about spiritual factors that significantly influence family resilience.

Keywords: *COVID-19, family resilience, Indonesia, religious coping, spiritual well-being*

Introduction

The COVID-19 pandemic is a severe human life issue and a dangerous public health crisis.[1,2] Insufficient hospital resources, initial uncertainty throughout treatment, medicine availability, and vaccine development, approval, and delivery brought about ambivalence.[3] One of the internal conflicts between parents is their doubts about giving the COVID-19 vaccine to family members[4] and caregivers' difficulties in managing children's protective behaviors against COVID-19.[5] Everyday life has been disturbed by lockdowns and orders to stay at home, leading to increased household strain, household shifts, alterations in family dynamics, and communication problems.[6] The family resilience problems resulting from the COVID-19 pandemic are stress, anxiety, depression,[7] conflict, tension, economic pressure, and violence in the family.[8]

Family stress, anxiety, and depression felt during the COVID-19 pandemic, namely: families feel threatened and apprehensive (50.9%), show signs of stress (67.4%), and lead to depression (58.6%),[9] psychological tension (43.3%), experiencing depression (26.5%), experiencing anxiety (20.3%), experiencing stress (21.2%).[10] The impact of the COVID-19 epidemic is also manifested in familial violence. During the pandemic, violence increased by 20%, with increased divorce reported by 41% of families fighting to keep their marriages together, 18% of husband and wife relationships deteriorating, and 29% experiencing divorce.[8]

The impact of COVID-19 on family mental health and family resilience is characterized by increased stress from work (34.1%), financial stress (55.7%), stress for too long at home (62.7%), feeling afraid (53.9%), and helpless (52%).[11] Overall, it can be concluded that increased stress in the

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family can be categorized into three dimensions: stress due to parenting, lack of control, and satisfaction.[12] One of the efforts that can be used to strengthen family resilience is religious coping and spiritual well-being. Religious coping is a technique for overcoming the problems or pressures faced by including religious and spiritual.[13] Spiritual well-being supports an individual's attitudes and life goals by bridging the gap between their mind and body, society, intelligence, and health.[14]

The novelty of this research is that it analyzes religious coping and religious welfare in increasing family resilience in the face of the prolonged COVID-19 pandemic. Research on religious coping and spiritual well-being in Indonesia in increasing family resilience during pandemics is still rare. Oxholm *et al*.'s research (2021) reports the impact of COVID-19 on religious activities, such as changes in religious practice, difficulties in maintaining physical distancing when praying communally, and the need for attention to religious leaders for their needs.[15] Other research says that there is a need to increase or do more spiritual activities to combat the COVID-19 pandemic and reduce stress.[16] According to Ibrahim *et al*.'s research, religious welfare, existential welfare, and family and friend support were all protective factors against suicidal ideation in adolescents.[17] In the context of the COVID-19 pandemic's extension, this study intends to investigate the relationship between religious coping, spiritual well-being, and family resilience.

Study hypotheses

The current research framework divides variables into groups based on their potential effects [Figure 1]. The proposed model includes three constructs: religious coping, spiritual well-being, and resilience. Religious and nonreligious coping is included in the first construct. Religious and existential well-being (EW) are the second and third constructs, respectively. Resilience is the third construct (resilience communication, resilience resources, resilience positive, resilience interaction, resilience spiritual, and resilience difficulty). Religious coping becomes an exogenous construct linked to religious well-being (RW), which is an endogenous construct. RW will be linked to resilience as an exogenous and endogenous EW construct. H1: when people have good religious coping, they will have RW and be able to survive COVID-19. H2: when people have good religious noncoping (RNC), they will have RW and be able to survive COVID-19. H3: when people have good RW, they will have EW and be able to survive COVID-19. H4: when people have good EW, they will be able to survive communicating in the face of COVID-19. H5: people with good EW can survive by utilizing resources to face COVID-19. H6: people with good EW can stay positive in facing COVID-19. H7: when people have good EW, they will be able to survive interacting with their families to face COVID-19. H8: when people have good EW, they will be able to survive spiritually in the face of COVID-19. H9: when people have good EW, they will be able to survive under challenging conditions facing COVID-19.

Methods

Study design

This was a cross-sectional survey.

Setting

The survey was conducted from December 2021 to January 2022 in Tamanharjo Village, Singosari District, East Java Province, Indonesia.
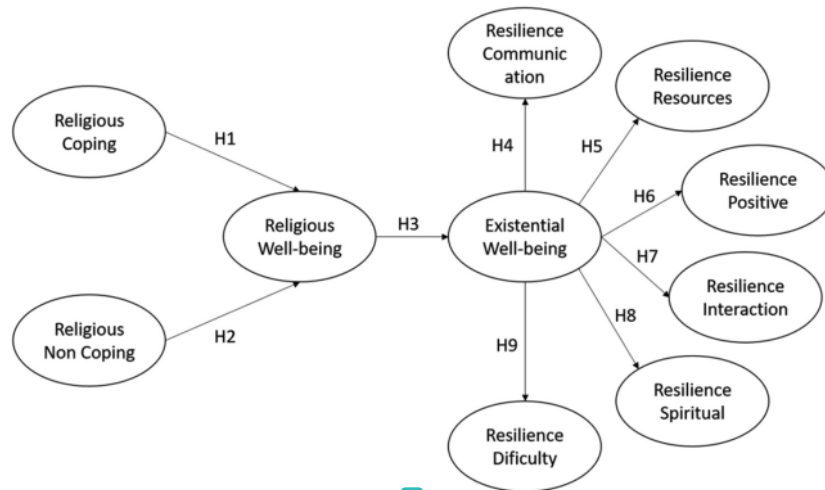

Figure 1: A research framework for religious coping, spiritual well-being, and family resilience in dealing with the COVID-19 pandemic

Participants

Families living in Tamanharjo village, Indonesia with inclusion criteria were ; Families with nuclear or extended family type and willingness to be involved in the research were included in the study.

Sample size estimation

G*Power version 3.1 (Heinrich-Heine-Universität, Düsseldorf, Jerman, 29 June 2009) was used to calculate the sample size of 242 respondents, using the z-test, logistic regression, odds ratio 1.5, 80% power, and error probability 0.05.

Variables

Research variables consist of three constructs: religious coping, spiritual well-being, and resilience. The first construct covers religious coping and nonreligious coping. The two constructs are RW and EW. The third construct is resilience (communication, resources, positivity, interaction, spirituality, and difficulty). Religious coping becomes an exogenous construct associated with the endogenous construct of RW. RW is an exogenous and endogenous construct of EW and, in turn, will be associated with resilience.

Measurement

The Spiritual Coping Strategies Scale assessed the Spiritual Coping Strategies Scale-Chinese version (SCSS-C). This SCSS-C comprises of 18 questions which divided into two subvariables, namely: religious coping strategies (9) and nonreligious coping strategies (11). The respondent's religious behavior, belief in God, and coping techniques will be assessed using SCSS-C. The SCSS-C is a three-point scale ranging from 0 (never used) to 3 (very useful) (frequently used) for a total score ranging from 0 to 54. Participants with a high score will be more likely to employ religious coping mechanisms. The content validity index of the SCSS-C was 0.97. The internal consistency of the SCSS-C was satisfactory (α = 0.88–0.92). Test–retest reliability was satisfactory (r = 0.68–0.89).[18] Each dimension's Cronbach's alpha (CA) value was more significant than 0.88, indicating strong internal consistency and boosting the accuracy and confidence of the results.

The Spiritual Well-Being Scale (SWBS) is a 20-question instrument that measures spiritual well-being. It includes ten questions on RW and ten questions about EW. Using Likert scale with six grading scale. The religious domain (connected to God) and the existential part of spiritual well-being make up the SWBS (referring to a relationship with the world, including a sense of purpose in life and life satisfaction).[19] Internal consistency is shown by the value of Cronbach's a = 0.87, which shows excellent and accurate internal consistency.[20]

The instrument used to measure family resilience was the Family Resilience Assessment Scale, and it has reliability for all 54 items for 0.96. It comprises six subscales, namely Family Communication and Problem Solving = 0.96, with 27 items; Utilizing Social and Economic Resources (USER, = 0.85, with 8 items); Maintaining a Positive Outlook = 0.86, with 6 items; Family Connectedness = 0.70, with 6 items; Family Spirituality = 0.88, with 4 items, and Ability to Make Meaning of Difficulties = 0.96, with 3 items. Each item consists of a 4-point scale (1 – strongly disagree to 4 – strongly agree), while four questions (items 33, 37, 45, and 50) need to be reversed scoring. The higher the result, the higher the level of family resilience. The instrument has been shown to demonstrate good internal consistency across the total and subscale scores (alpha = 0.70–0.96).[21]

Bias

This study is at high risk of social desirability bias and rater bias. Efforts made to reduce social desirability bias include questionnaires being filled out anonymously and allowing respondents to fill out questionnaires at a time and place where they are not disturbed by other people, which can produce more honest answers. Meanwhile, to reduce rater bias, the efforts made in this study were to calm the perceptions of each data collection staff involved.

Quantitative variables

The quantitative variables in this study are age and family income.

Statistical analysis

Data were analyzed using SmartPLS-SEM software (version 3.2.7) (SmartPLS GmbH, Rheinpromenade 2 D-40789 Monheim am Rhein, Jerman) to determine predictive factors and their relationships. The steps taken in this research include measurement analysis (test validity and reliability) and structural models (test hypotheses, including model fit test). Measurement analysis (test validity and reliability) were assessed by looking at the factor loading values, average variance extracted (AVE), CA and composite reliability (CR), Dijkstra–Henseler's rho (RhoA), Fornell–Larcker criteria, and heterotrait–monotrait ratio (HTMT), with items from the loading factor with a value larger than 0.7 can be accepted. The construction is considered reliable when the CA and CR values are more significant than 0.70. All constructs have RhoA values more than 0.70, indicating that the items are consistently reliable. Furthermore, when the AVE values for all constructs exceed the 0.50 threshold, it indicates good convergent validity.[22]

The extent to which the value of a variable differs considerably from the values of other constructs in the model, as shown by the fact that the loading factor in the latent variable is more significant, is called discriminant validity. To establish discriminant validity and compare correlations at the square root of the AVE, the Fornell–Larcker criterion and the HTMT ratio were used in this study. In the Fornell–Larcker criterion test, each construct has a higher AVE square root value than the others. The HTMT value, which was determined to be <0.90, was the key criterion used to evaluate discriminant validity.[23] As a result, the test meets the criteria. Standardized root mean square residual (SRMR) and normed fit index (NFI) are used to see the model's suitability in PLS-SEM.

Table 1 shows that the SMRT value is <0.080, and the NFI value is close to 0.9, which means that the resulting model is excellent.[24]

Measurement of structural models (test hypotheses, including model fit test) uses the coefficient of determination (R^2), predictive relevance (Q^2), effect size (f^2), beta value (β), and t-value with the interpretation of the path coefficient on statistical significance (P value). The coefficient of determination (R^2) of 0.75 is considered substantial, 0.50 is moderate, and 0.26 is weak. Measuring the degree of predictive relevance (Q^2) testing with a blindfolded procedure and an omission distance is required to determine the degree of model predictability. The Q^2 value must be >0. The f^2 is the size of the effect of the exogenous construct on the endogenous construct. A significant effect size has an f^2 value of 0.35, a medium effect has an f^2 value of 0.15, and a small effect has an f^2 value of 0.02. Hair *et al.* suggested using bootstrapping with a sample size of 5000 to calculate R^2, f^2, t-values, and P values. A one-tailed test has a critical t-value of 1.645 and a significance level of 5% ($P = 0.01$).[25]

Ethical considerations

This study received ethical approval from the Health Research Ethics Commission of the University of Muhammadiyah Malang with protocol number E.5.a/007/KEPK-UMM/I/2022.

Results

Characteristic respondent

Most respondents ranged from 46 to 55 years, as much as 30.9%, with the last education level of the majority being senior high school, as much as 47.7%. Meanwhile, the nuclear family dominated the type of family by 66.7%. Most respondents earn <3 million rupiahs (90.5%), while 33.3% are working citizens [Table 2].

Analysis of the measurement model

Items from the loading factor with a value larger than 0.7 can be accepted. The construction is considered reliable when the CA and CR values are more significant than 0.70. All constructs have RhoA values more than 0.70, indicating that the items are consistently reliable. Furthermore, when the AVE values for all constructs exceed the 0.50 threshold, it indicates good convergent validity. Table 3 presents the results of reliability and validity tests.

The extent to which the value of a variable differs considerably from the values of other constructs in the model, as shown by the fact that the loading factor in the latent variable is more significant, is called discriminant validity. To establish discriminant validity and compare correlations at the square root of the AVE, the Fornell–

Table 1: Fornell–Larcker criterion, heterotrait–monotrait ratio, standardized root mean square residual, and NFI

	RC	RNC	RW	EW	RCm	RR	RP	RI	RS	RD
Fornell–Larcker criterion										
RC	0.795									
RNC	0.473	1,000								
RW	−0.222	−0.346	0.851							
EW	−0.199	−0.370	0.901	0.825						
RCm	0.222	0.407	−0.263	−0.320	0.770					
RR	0.178	0.315	−0.301	−0.345	0.701	0/790				
RP	0.098	0.270	−0.195	−0.280	0.613	0.540	0.795			
RI	0.054	0.277	−0.174	−0.236	0.649	0.670	0.596	0.798		
RS	0.281	0.277	−0.262	−0.292	0.467	0.477	0.391	0.430	0.837	
RD	0.102	0.283	−0.171	−0.240	0.556	0.547	0.689	0.541	0.373	0.811
HTMT										
RC										
RNC	0.556									
RW	0.252	0.350								
EW	0.225	0.380	0.950							
RCm	0.261	0.411	0.265	0.321						
RR	0.202	0.333	0.312	0.362	0.640					
RP	0.140	0.286	0.202	0.291	0.672	0.640				
RI	0.085	0.328	0.199	0.264	0.799	0.865	0.775			
RS	0.375	0.265	0.315	0.340	0.573	0.636	0.472	0.605		
RD	0.219	0.322	0.197	0.278	0.653	0.687	0.864	0.788	0.605	

SRMR composite model=0.076, NFI normed fit index=0.620

HTMT: Heterotrait–monotrait ratio, SRMR: Standardized root mean square residual, RW: Religious well-being, EW: Existential well-being, RD: Resilience difficulty, RS: Spiritual resilience, RI: Resilience interaction, RP: Resilience positive, RR: Resilience resources, RCm: Resilience communication, RC: Religious coping, RNC: Religious noncoping, NFI: Normed Fit Index

Table 2: Characteristics of respondents (*n*=243)

Characteristics	*n* (%)
Age	
17–25	19 (7.8)
26–35	57 (23.5)
36–45	56 (23.0)
46–55	75 (30.9)
56–65	27 (11.1)
>65	9 (3.7)
Education	
No school	1 (0.4)
SD	46 (18.9)
Junior high school	55 (22.6)
Senior high School	116 (47.7)
PT	25 (10.3)
Family type	
Nuclear family	162 (66.7)
extended family	60 (24.7)
Single parent	21 (8.6)
Income* (USD)	
<193	220 (90.5)
>193	23 (9.5)
Employment	
Work	81 (33.3)
Does not work	162 66.7)

*Regional minimum wage for Singosari district, East Java Province, Indonesia

Larcker criterion and the HTMT ratio were used in this study. SRMR and NFI are used to see the model's suitability in PLS-SEM. Table 1 shows that the SMRT value is <0.080, and the NFI value is close to 0.9, which means that the resulting model is excellent.

Analysis of the structural model

Table 4 shows the R^2 value for H3: RW – EW is 0.812, which indicating that RW affects EW by 81.2%, which also have an impact on family resilience to COVID-19 ($\beta = 0.901$, $t = 24,836$, $P < 0.001$, $f^2 = 4.333$; significant). The Q^2 value for this model (0.539) is sufficient to support the predictive relevance of the model path for endogenous constructs. The R^2 value for H2: RNC – RW is 0.124, indicating that RNC affects RW by 12.4%, which also have an impact on family resilience to COVID-19 ($\beta = 0.310$, $t = 3.275$, $P = 0.001$, $f^2 = 0.085$; minor). The Q^2 value for this model (0.079) is sufficient to support the predictive relevance of the model path for endogenous constructs.

Furthermore, spiritual well-being, in this case, is represented by EW, which affects family resilience. The most significant effect of EW on family resilience in USER is 11.9%, with a value of $R^2 = 0.119$ during the COVID-19 pandemic ($\beta = -0.345$, $t = 4.904$, $P < 0.001$, $f^2 = 0.135$; medium). This finding is on H5.

EW also impacts family resilience in terms of positive thinking, interactions, spirituality, and resilience in the face

of adversity. Indeed, the effect is small but substantial, with R^2 values of 0.078, 0.056, 0.085, and 0.02, respectively. EW is a predictive variable that influences family resilience during the COVID-19 pandemic, with Q^2 values of 0.045, 0.024, 0.05, and 0.032 above 0. H6, H7, H8, and H9 all point to this. Finally, the model of religious coping, spiritual well-being, and family resilience in COVID-19 are shown in Figures 2 and 3.

Discussion

Religious well-being is influenced by religious noncoping

The RNC had a 12.4% impact on the RW, impacting the family's resilience in the face of COVID-19. This is because RNC is regarded as a method of coping in challenging situations (e.g., active coping, instrumental support, and good planning).[26] Religious people who practice their religion are significantly different from those who don't practice their religion. Not religious people also have specific character strengths, scoring higher on kindness, love, gratitude, hope, forgiveness, and spirituality.[27]

Religious well-being relates to existential well-being

The study results show that RW affects EW by 81.2%, impacting family resilience in dealing with COVID-19. This follows the research from Fekih-Romdhane *et al.*, which said that maintaining EW is the only religious or spiritual variable contributing to psychopathy.[28] EW reflects the resilience of a person's personality when faced with the surrounding situation. As one of the dimensions of spiritual well-being, EW refers to an individual's relationship with oneself, others, and the environment and reflects perceptions of meaning and satisfaction in life, such as being satisfied with finding meaning and purpose in life.

Existential well-being is related to resilience communication

According to research, EW is linked to family communication resilience. COVID-19 has positive effects such as enhanced family time and communication, good cleanliness and health, better financial management,[29] and family processes (i.e., organization, communication, and beliefs).[30] The COVID-19 condition positively impacts economic pressure, which can lead families to communicate to improve social welfare, which is realized through better communication, decision-making, donations, and family time management.[31] This is also in line with the opinion of Chan *et al.*, who say that the level of EW impacts higher individual resilience, which can increase family communication.[32]

Existential well-being is related to resilience resources

EW is also linked to resilience resources, according to this study. Resilience resources can be found in the form of help from neighbors, groups, and communities, as well as feelings of importance to others and a safe

Table 3: Construct reliability and validity

Items	Factor loading	CA	rhoA	CR	AVE
RC					
RC 1: Individual prayer	0.730	0.721	0.788	0.837	0.632
RC 2: Spiritual items in prayer	0.784				
RC 3: Confidence and optimism	0.866				
RW					
RW 1: Satisfied in worship	0.892	0.945	0.948	0.954	0.724
RW 2: God's love	0855				
RW 3: Life is experience	0.879				
RW 4: Almighty God	0.854				
RW 5: Believe in the future	0.729				
RW 6: Good relationship with God	0.898				
RW 7: God's support	0.876				
RW 8: The direction of a prosperous life	0.813				
EW					
EW 1: God is omniscient	0.827	0.948	0.948	0.955	0.680
EW 2: Enjoying life	0.764				
EW 3: Satisfaction with God	0.845				
EW 4: The future	0.850				
EW 5: Closeness to God	0.819				
EW 6: Happy life	0.799				
EW 7: A complete life	0.841				
EW 8: A meaningful life	0.833				
EW 9: Feelings of well-being	0.821				
EW 10: The purpose of life	0.844				
RCm					
RCm 1: Open to new things	0.734	0.954	0.960	0.959	0.593
RCm 2: Understanding each other	0.762				
RCm 3: Clarification	0.721				
RCm 4: Honesty	0.802				
RCm 5: Opportunity to ask questions	0.797				
RCm 6: Communicating with family	0.773				
RCm 7: Able to overcome difficulties	0.734				
RCm 8: Consultation	0.803				
RCm 9: Positive things	0.751				
RCm 10: Problem solving	0.753				
RCm 11: Freedom of expression	0.731				
RCm 12: Learn from mistakes	0.765				
RCm 13: Commitment	0.808				
RCm 14: Caring for each other	0.807				
RCm 15: New way	0.777				
RCm 16: Communicating between families	0.793				
RR					
RR 1: Help from neighbors	0.799	0.852	0.880	0.892	0.624
RR 2: Help from the group	0.807				
RR 3: Help from the community	0.751				
RR 4: Important for others	0.829				
RR 5: Good community for children	0.762				
RP					
RP 1: Ability to solve problems	0.833	0.885	0.903	0.911	0.632
RP 2: Solving a big problem	0.800				
RP 3: Enduring trouble	0.794				
RP 4: Strong in the face of big problems	0.827				
RP 5: Have power	0.808				
RP 6: Ability to succeed in difficult times	0.702				

Contd...

Table 3: Contd...

Items	Factor loading	CA	rhoA	CR	AVE
RI					
RI 1: Awards from friends	0.877	0.726	0.778	0.839	0.637
RI 2: Acceptance of family members	0.704				
RI 3: Saving feelings	0.803				
RS					
Hospital 1: Attending religious activities	0.708	0.619	0.902	0.821	0.700
RS 2: Advice from religious leaders	0.949				
RD					
RD 1: Strengthening each other	0.785	0.741	0.741	0.852	0.652
RD 2: Accepting difficult situations	0.798				
RD 3: Receiving unexpected problems	0.848				

RC: Religious coping, RD: Resilience difficulty, RS: Spiritual resilience, RI: Resilience interaction, RP: Resilience positive, RR: Resilience resources, RCm: Resilience communication, EW: Existential well-being, RW: Religious well-being, CA: Cronbach's alpha, CR: Composite reliability, AVE: Average variance extracted, rhoA: Dijkstra–Henseler's rho

Table 4: Result of the hypothesis testing

Hypothesis	Path coefficient	Standard beta	SE	t	P	Decision	VIF	R^2	Q^2	F^2
H1	−0.075	−0.114	0.117	0,643	0.521	Not supported				
H2	−0.310	−0.299	0.095	3,275	0.001	Supported	1.288	0.124	0.079	0.085
H3	0.901	0.896	0.036	24,836	<0.001	Supported	1.000	0.812	0.539	4.333
H4	−0.320	−0.344	0.066	4,836	<0.001	Supported	1.000	0.112	0.054	0.114
H5	−0.345	−0.361	0.070	4,904	<0.001	Supported	1.000	0.119	0.063	0.135
H6	−0.280	−0.301	0.046	6,154	<0.001	Supported	1.000	0.078	0.045	0.085
H7	−0.236	−0.255	0.078	3,042	0.002	Supported	1.000	0.056	0.024	0.059
H8	−0.292	−0.297	0.061	4,792	<0.001	Supported	1.000	0.085	0.051	0.093
H9	−0.240	−0.258	0.068	3,519	<0.001	Supported	1.000	0.058	0.032	0.061

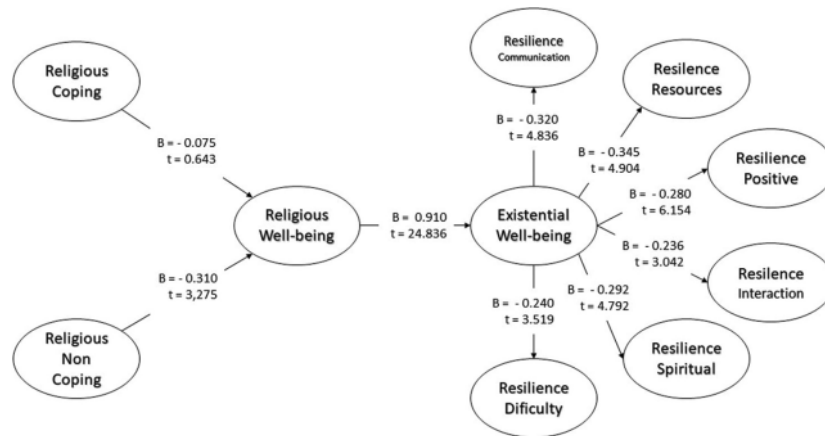SE: Standard deviation, VIF: Variance inflation factor

Figure 2: Model of religious coping, spiritual well-being, and family resilience in dealing with the COVID-19 pandemic

environment for children. The source of one's strength or support system is not just one's self but also other people, whether family, friends, or other support groups. Support groups in religious groups connects three of the domains of spirituality, namely: activating connections to personal domains that are connected to existential issues about life, goals, and values; connecting to communal domains, namely closeness and sharing experiences with others, and also connecting to intangible, namely the relationship between self and God.[33]

Existential well-being is related to resilience positive

The results showed a positive relationship between EW and resilience. This can be seen from several things,
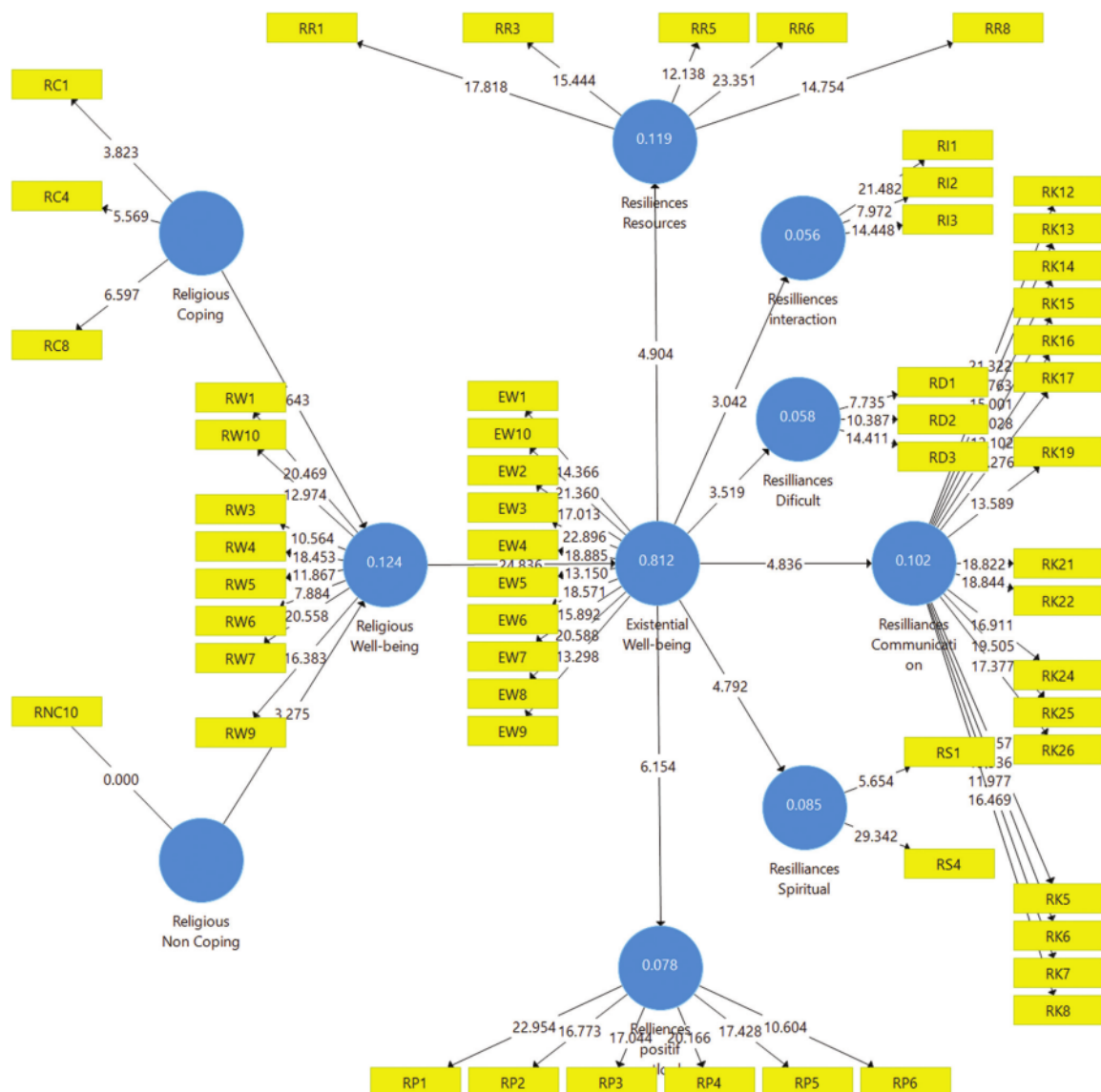
Figure 3: Model of religious coping, spiritual well-being, and family resilience in dealing with COVID-19

namely the ability to overcome problems, solve big problems, endure problems, be strong in facing big problems, and have the strength and ability to succeed in difficult times during the COVID-19 pandemic. When faced with many types of issues during the COVID-19 pandemic, the effectiveness of adaptive coping helps preserve family resilience.[34] Positive religious coping prevents undesirable behavior and increases positive behavior. Spiritual well-being can determine how a person responds to adversity, a source of happiness, hope for a meaningful and purposeful existence, and a positive mental attitude.[35]

Existential well-being is related to resilience interaction

The results of the study found that EW was associated with resilience interaction. This is because, during the COVID-19 pandemic, people face threats that require personal resilience and adequate social support. Individuals with good social interactions will have good mental resilience, as indicated by high EW, because EW is one of the dimensions of spiritual well-being, which refers to the quality of individual relationships with oneself and with others and the surrounding environment.[28] EW is related to the quality of social interactions and a person's mental health.[36]

Existential well-being is related to spiritual resilience

The study's findings revealed that EW was linked to spiritual resilence (SR). This is because someone with excellent spiritual resilience will have life satisfaction and belief in the meaning of life, which is the essence of EW, and will be able to cope with any situation, including the stress caused by the COVID-19 pandemic.[37,38]

Existential well-being is related to resilience difficulty

Family resilience in the face of hardship is linked to EW. This is due to the importance of spirituality and religion in responding to this tough situation, especially regarding the physical and mental health of those engaged.[14] Furthermore, family spiritualization in communication entails consistency, open communication about emotional problems, and problem-solving teamwork. This is a type of optimistic viewpoint in which the family's ability to handle difficulties and understand challenging events is viewed positively.[21]

Religious coping does not influence religious well-being

Religious behaviors such as worship, prayer, and other religious activities in mosques, churches, and other houses of worship are restricted or even outlawed during the COVID-19 pandemic, as social distance is one of the most efficient ways to prevent the spread of COVID-19. As a result, a person's religious coping and spiritual well-being are reduced or absent, and their death anxiety increases. Religious coping can act as a buffer against death anxiety and break the loop of bad outcomes associated with it. Religious coping boosts optimism and hope, which reduces death anxiety.[39]

Limitations

A limitation of this study is social desirability bias and rater bias. Social desirability bias happens when research participants answer questionnaire items with a tendency to comply with their desires to be socially accepted and gain the approval of others. Even though this study was conducted anonymously, allowing respondents to fill out a questionnaire at a time and place where they are undisturbed by others may lead to more truthful answers. Rater bias is an error in judgment that can occur when one person allows preconceived biases to influence the judgment of others. The effort made in this research is to comfort the perceptions of each assessor involved.

Conclusion

According to this study, RNC, RW, and EW were crucial elements in determining family resilience in the face of the COVID-19 pandemic. Currently, the COVID-19 pandemic has ended. However, with the dynamic development of world health, an outbreak may occur in the future, so the findings of this research will be helpful in providing a warning about spiritual factors that significantly influence

family resiliencetors. Spiritual services for individuals, groups, and communities are essential in determining a family's resilience in facing future health threats.

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Conflicts of interest

There are no conflicts of interest.

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